

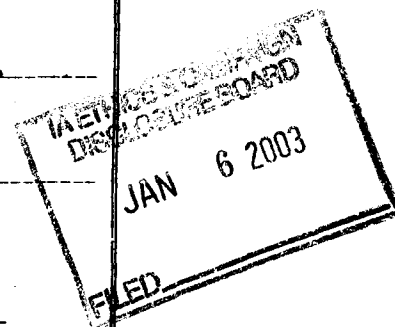
O'Brien

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

COMMITTEE NAME

Official Name of Committee	
COMMITTEE TO ELECT TOM FARNSWORTH	
Street	
3631 ORIOLE AVE	
City, State, Zip Code	
KRONER IA	51231
Area Code	Telephone
712 723-5324	



Effective date of dissolution:

12-30-02, 2002

Glenna M. Farnsworth
Signature of Treasurer

12-30-02
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with Iowa Code section 56.42 and rule 351 IAC 4.42.

Thomas Farnsworth
Signature of Candidate - Required for Candidate's Committee

12-30-02
Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached. The final bank statement may be sent in later if it is not available at the time the Notice of Dissolution is filed.

FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.

FORM	(Rev. 02/02)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	17307-A
Indexed	<input checked="" type="checkbox"/>
Audited	
Computer	<input checked="" type="checkbox"/>
Certified Date of Dissolution	